

Rasheed Hilson Sr

COMMENDED NAME (if different)

P.O. Box 4999, L.A., CA 93216

FULL ADDRESS INCLUDING NAME OF INSTITUTION

637110

PRISON NUMBER (if applicable)

(55)

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIARasheed J. Hilson SrCV09-09402

(JEM)

CASE NO. CV

(To be supplied by the Clerk)

PLAINTIFF .

v.
USC Medical Center
andLos Angeles County Sheriff's Department
DEFENDANT(S)CIVIL RIGHTS COMPLAINT
PURSUANT TO (check one) 42 U.S.C. § 1983

or

 Bivens v. Six Unknown Agents
403 U.S. 388 (1971);

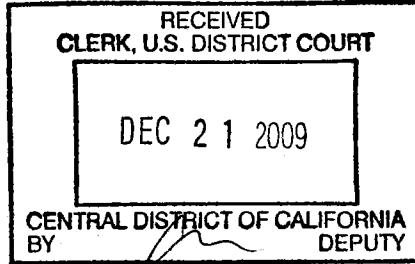
A. PREVIOUS LAWSUITS

- 1) Have you brought any other lawsuits in a federal court while a prisoner: Yes No
- 2) If your answer to 1 is yes, how many? _____ Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

2009 DEC 23 AM 10:26

CLERK, U.S. DISTRICT COURT
CENTRAL DISTRICT OF CALIF.
LOS ANGELES

BY



Page 1 of 6

Plaintiff _____

Defendants _____

b. Court _____

c. Docket or case number _____

d. Name of judge to whom case was assigned _____

e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?)

f. Issues raised: _____

g. Approximate date of filing lawsuit _____

h. Approximate date of disposition _____

B. EXHAUSTION OF ADMINISTRATIVE REMEDIES

- 1) Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? Yes No
- 2) Have you filed a grievance concerning the facts relating to your current complaint?
 Yes No
If your answer is no, explain why not _____

- 3) Is the grievance procedure completed? Yes No

- Case 2:09-cv-09402-MWF-JEM Document 1-2 Filed 12/23/09 Page 3 of 45 Page ID #:8
- If no response exists why Nobody answered any of my grievances while at L.A County Jail. However the filing a Writ of Habeas Corpus on the matter I haven't received any response with the filing docket number, I will forward Please note that I mailed all of my copies to Civil division requesting to proceed without § 945.4 guidelines on the state level. However, I haven't received a response on the matter.
1. Please attach copies of papers related to the grievance procedure you received.
- C. JURISDICTION

This complaint alleges that the civil rights of plaintiff Rashard J. Wilson Sr.
(print plaintiff's name)

who presently resides at P.O. Box 4999, Delano, CA 93216
(mailing address or place of confinement) were violate

by the actions of the defendant(s) named below, which actions were directed against plaintiff at USC Medical Center

(institution/city where violation occurred)

on (date or dates) December 19-23, 2007 (Claim I) Dec. 19-23, 2007 (Claim II) January thru February, 2008 (Claim III)
UNKNOWN Jan. thru Feb. 2008 UNKNOWN

(You need not name more than one defendant or allege more than one claim; however, make a copy of this page to provide the information below if you are naming more than five (5) defendants.)

1) Defendant USC Medical Center Hospital, [REDACTED] resides or works at
(any and all Unknown employees) UNKNOWN/DOWNTOWN Los Angeles
(full address of first defendant)

Institution

(defendant's position and title, if any)

The defendant is sued in his/her: individual official capacity. (Check one or both).

Explain how this defendant was acting under color of law:

This is the entity were plaintiffs surgery took place. This entity hired the Administration who hired the individuals performing the botched surgery as well as other employed employees that participated in plaintiffs care while at facility.

2) Defendant UNKNOWN
(full name of second defendant)

UNKNOWN /DOWNTOWN Los Angeles, and is employed at
(full address of second defendant)

Administration (any and all)
(defendant's position and title, if any)

The defendant is sued in his/her: individual official capacity. (Check one or both.)

Explain how this defendant was acting under color of law:

Took part in the hiring of the individuals that took part in the Surgery on or about December 21, 2007.

Unknown

(full name of third defendant)

resides or works

Unknown / Downtown Los Angeles

(full address of third defendant)

and is employed

Chief Surgeon of Oral Maxillofacial Surgery

(defendant's position and title, if any)

The defendant is sued in his/her: individual official capacity. (Check one or both.)

Explain how this defendant was acting under color of law:

Appointed the surgeon who performed plaintiff's surgery. After personally realizing that plaintiff's surgery was botched he did not offer to fix the problem.

4) Defendant

Unknown

(full name of fourth defendant)

resides or works

Unknown / Downtown Los Angeles

(full address of fourth defendant)

, and is employed

Oral Maxillofacial (1) and (2); Anesthesiologist; Surgeon Assistant; Any and all others who participated in the surgery on plaintiff, on or about December 21, 2007
(defendant's position and title, if any)

The defendant is sued in his/her: individual official capacity. (Check one or both.)

Explain how this defendant was acting under color of law:

Plaintiff was told by the surgeon that plaintiff would have use of his mouth because the wires will be cut off of the archbars in order to promote plaintiff's normal bite. Anesthesiologist did not give enough medication. Assistant didn't cut both wires out of plaintiff's mouth.

5) Defendant

Los Angeles County Sheriff's Department (any and all unknown employees)

resides or works :

Unknown / Downtown Los Angeles

(full address of fifth defendant)

, and is employed :

Institution, Administration, Any and all employees

(defendant's position and title, if any)

The defendant is sued in his/her: individual official capacity. (Check one or both.)

Explain how this defendant was acting under color of law:

This is the entity were the injury occurred to plaintiff. This entity hired the Administration who hired the individuals working ^{within} its facilities,

6) Defendant;

UNKNOWN
(Full name of sixth defendant)

Resides or works at

P.O. Box 86164, Terminal Annex, Los Angeles, California 90086-0164
(Full address of sixth defendant) and is employed as
3rd Floor Doctor at Twin Towers; Nurse Practitioner (T/P) 5th floor Doctor at Mens
(defendant's position and title, if any)
Central Jail, any and all nurses working on plaintiff on 5th floor

The defendant is sued in his/her: individual official capacity

Explain how this defendant was acting under color of law:

Plaintiff expressed to all the defendants that the surgeon (defendant(s))
told plaintiff that the wires would be cut from the archbars in
order to promote plaintiff's normal biting function. Neither
defendant did anything to ascertain if there was any truth to the
matter. Fifth floor doctor and nurses never did anything to
help with plaintiff's pain in plaintiff's jaw area nor did they
send plaintiff to another doctor to find out why plaintiff was
in so much jaw pain. Nor were the archbars ever removed
while in there care.

7) Defendant;

UNKNOWN
(Full name of sixth defendant)

Resides or works at

P.O. Box 86164, Terminal Annex Los Angeles CA 90086
(Full address of sixth defendant) and is employed as

Sergeants of Jail Ward (USC Medical Center), Sergeants over medical transportation
(defendant's position and title, if any)
any and all deputies under Sergeants control.

The defendant is sued in his/her: individual official capacity

Explain how this defendant was acting under color of law:

While at USC Medical Center I was told by the Sergeant on shift
that because of plaintiff's bail being excessive that plaintiff
should

(Continuation) would have to wear leg-irons while in the Jail Ward (locked facility). Because of this excessive bail plaintiff wasn't afforded his two week mandatory check-up at USL Medical Center. Because of this there wasn't any intervention. All of this could have been prevented if plaintiff was allowed a two-week check-up.

CLAIM I

The following civil right has been violated.

USC Medical Center has violated Plaintiff's 8th Amendment Right and any other Amendment(s) that apply. They are in violation of Health and Safety Codes as well. They are in violation of state statute also.

Please allow plaintiff to amend the Civil Right part of plaintiffs complaint at a later date

Supporting Facts: [Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.]

*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

USC Medical Center (defendant(1)) an entity of Los Angeles County, hired the Administration within its institution that provided the care for plaintiff on or about December 21-22, 2007.

The Board of Administration (defendant(2)) hired any and all employees within the institution and all appointed supervisors.

Chief Surgeon of Oral Maxillofacial Surgery (defendant(3)) appointed the surgeon who performed plaintiff's procedure. Defendant (3) also witnessed the examination of plaintiff by USC Medical Center's, Jail Wards Oral Surgeon (defendant (4a2)). During this examination defendant (3), along with the surgeon who performed the surgery (defendant (4a1)) witnessed the debouchery of the surgery performed on plaintiff and neither offered to fix the situation. Defendant (3;4a1) sat in the background while defendant (4a2), told plaintiff that he would have to seek and orthopedic upon my release. Both defendants (3;4a1), said nothing then, or when defendant (4a2) stated, "you're in jail. Deal with it!"

Continuation

Claim 1 : Please note that all this happened after the surgery was done. Defendant (4=2), is the aftercare surgeon for the jail ward. His examinations were done 6 or 7 weeks after the surgery.

Also note that I've tried without fail to obtain all plaintiffs medical records however, Los County Jail has denied me excess.

The Oral Maxillofacial Surgeon who performed the surgery (defendant (4=1)), expressed prior to surgery that plaintiff would have to keep the archbars just in case plaintiff needed any adjustments, however, the wires would be taken out in order to promote plaintiff normal bite.

Defendant (4=1), performed the procedure on or about December 21st or 22nd, 2007. At which time defendant (4a) along with defendants co-defendants, neglected to remove the wires on both sides of plaintiffs jaw. Because of this plaintiff healed in a Malpost position.

During the surgery the anesthesiologist erred by not giving plaintiff enough medication to keep plaintiff asleep (defendant (4b)). Because of this, plaintiff woke up during surgery. Plaintiff remembers little during that time but having to urinate. Plaintiff also remembers waking up at the end of surgery with his mouth still wired on the left side, and having to urinate. Plaintiff woke up, by jumping up, because plaintiff didn't know he had a decathader installed and plaintiff had to urinate. Upon waking up plaintiff saw two nurses

Continuation

Claim 1

Standing by the door as if they were scared. I do remember asking why plaintiffs wires were still in plaintiffs mouth. However, it may have sounded like gibberish because of plaintiffs mouth still being wired and also because of the effects of the medication. Plaintiff doesn't remember neither trying to ascertain what plaintiff was saying. While in the Jail Ward Recovery room, plaintiff immediately noticed that only the left side was still wired shut but the right side had been removed. Plaintiff immediately told the nursing staff who all replied by saying, "if the doctor left it that way, then that's the way its suppose to be." However, ONE nurse stated that she would call the doctor and check on it. This was at the begining of her shift, by the end of her shift defendant (Ab2), stated that she had forgotten, that she would make her call first thing tomorrow.

Shortly thereafter plaintiff was transferred back to Los Angeles County Jail (Medical Ward Twin Towers 3rd floor)

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CLAIM 2

The following civil right has been violated.

~~Los Angeles County Sheriff's Department has violated Plaintiff's 8th Amendment right and any other amendment(s) that apply. They are in violation Health and Safety Code(s) as well. They are in violation of State Statute also.~~

Please allow plaintiff to amend the ~~civil~~ civil right part of my complaint at a later date.

Supporting Facts: [Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.]

*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

Los Angeles County Sheriff's Department (defendant (5)), an entity within Los Angeles County, hired the Administration within its institution that provides housing, food, hygiene facility and products, protection, and Medical/Mental care, for plaintiff sense day of arrest on July 24, 2007, and ON OR about December 19th, 2007, the day plaintiffs injury occurred.

Upon plaintiff's return to Los Angeles County Jail (Twin Towers Medical Ward 3rd floor), plaintiff was seen by the third floor doctor (defendant (6a)), in order to be cleared for the medical floor. Plaintiff was on (3rd floor). Plaintiff immediately expressed to defendant (6a), what the surgeon (defendant (4A)), told plaintiff. (That the wires would be removed in order to promote plaintiff's normal bite).

Defendant (6a) stated, if the doctor left the wire attached, there was nothing he could do. Because of this, plaintiff asked to be sent back to the outside hospital. Defendant (6a) stated, that plaintiff could let the doctor know ON plaintiff's two-week check-up. A check-up that never happened.

Continuation

Claim 2

1 By acting so cavalier defendant (6a), acted deliberately
2 indifferent towards plaintiffs care and up keep at
3 the very fulcrum of plaintiffs healing process.

4 Plaintiff expressed the exact same thing to the nurse
5 practitioner (defendant (6b)). She basically replied
6 the exact same way the intake doctor did. (if the
7 surgeon left it that way, then that's the way its
8 suppose to be). Defendant (6b) did say that
9 she followed up on what I said. From what she
10 understands, that is the way its suppose to be
11 (the wire on the left side of plaintiffs jaw).

12 Plaintiff was never taken to USC Medical Center
13 for his two week follow-up, check-up. In fact
14 Plaintiff remained at Twin Towers Jail Ward for
15 six to seven weeks.

16 Upon plaintiffs return to USC Medical Center,
17 Plaintiff was examined by the Oral Surgeon for the
18 Jail Ward (defendant (4a2)). Defendant (4a2) imme-
19 diately saw the error. Plaintiff told the doctor
20 that he had been telling everyone he came in
21 contact with that that wire should have been
22 removed. He questioned why nobody took the wire out
23 during plaintiffs two week check-up.

24 Plaintiff replied, "Nobody would bring me here for my
25 check-up".

26 Plaintiff then expressed the things that was
27

Continuation

Claim 2

happening with him and his jaw. Plaintiff expressed
2 that he couldn't feel the right side of his face. Plaintiff
3 expressed that his left ear had a constant ring
4 within it, and plaintiff complained of some pain
5 through out plaintiff left jaw.

6 Defendant (4a2), cut the wire completely out
7 and sent defendant back to Los Angeles Jail
8 (Medical Ward), for two more weeks.

9 Upon plaintiffs return to USC Medical Center
10 plaintiff was seen by defendant (4a2) however
11 defendant (4a1) and defendant (3) (Oral Surgeon
12 who perform Surgery (defendant(4a1)) and the
13 Chief Oral Maxillary Facial Surgeon (defendant(3)),
14 were a party to plaintiffs examination. Plaintiff
15 complained immediately of a lot more pain on plain-
16 tiff left side through out his jaw. Of numbness
17 on the right side to were plaintiff can not feel
18 his face. And constant ringing in the left
19 ear.

20 Plaintiff ask how long would it take to fix
21 it?

22 At which time defendant (4a2) stated, that
23 plaintiff would have to seek an orthopedic
24 upon his release.

25 Plaintiff began to get upset because he
26 couldn't believe the defendant (4a2), ~~had~~, ~~had~~

27 ~~had~~ cavalier attitude towards their debotchery.

Continuation

Claim 2

1 Plaintiff asked, was he suppose to live in pain
2 and all the other ailments. At which time defendant
3 (Fa2) stated, "you're in jail, deal with it".
4 Plaintiff replied, "I never knew being in jail
5 precluded you from receiving proper medical
6 attention."

7 At which time plaintiff was taken back to
8 Los Angeles County Jail (Medical Ward). Two,
9 to three days later, plaintiff was sent to the
10 Old County Jail (5th floor Medical Ward).
11 While there plaintiff constantly complained
12 of pain. Constantly asked when I would be
13 taken back to the outside doctor to get
14 my jaw fixed. I even asked to go to another
15 doctor.

16 The response was that plaintiff was scheduled
17 to go back and have the archbars removed.
18 Nothing ever happened while at Los Angeles
19 County Jail. Not until plaintiff was sent
20 to North Kern State Prison, which was
21 ten months later, did the archbars come
22 out. UMC Fresno did the procedure. After
23 the archbars were removed there was gross
24 decay throughout all plaintiffs teeth. Three
25 teeth had to be pulled because of it.
26 Plaintiff is now taking 30mg morning, 2nd
27 evening for pain (Morphine).

Continuation

Claim 2

1 Nobody here will touch my mouth until
2 I file this lawsuit because they don't
3 want to be liable,

4 Please note that Los Angeles County Jail
5 (Records) will not provide my Medical Records.
6 This is the reason why plaintiff doesn't have all
7 the names and dates correct.

8 Plaintiff was told by a Sergeant at USC Medical
9 Center (defendant(7)), that because of excessive
10 bail, plaintiff had to wear leg-irons while in
11 the Jail Ward (lock facility). It is also plaintiff's
12 belief that this is the reason plaintiff didn't
13 get transported to and from the Jail facility
14 during plaintiff's two week check-ups.

15 By not transporting plaintiff shows transportation's
16 deliberate indifference for plaintiff's care and
17 well being.

18 Plaintiff put in numerous grievances that never were answered
19 while on the 5th floor at the Old County. Plaintiff recently
20 submitted a writ of Habeas Corpus on the issue. Once
21 plaintiff ~~receives~~ receives a case number plaintiff will imme-
22 diately forwarded it to you. Also plaintiff request the
23 Courts to order plaintiff's medical file from Los Angeles
24 County Jail, and USC Medical Center. Upon my
25 receipt plaintiff will provide the missing
26 information.

F. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

To be appointed adequate legal counsel to handle any and all parts of plaintiffs case. Court to immediately order Medical Records for Plaintiff. Plaintiff wants jaw fixed immediately and dental implants for the top and bottom of plaintiffs mouth.

Plaintiff wants monetary relief for the sum of \$5,000,000. For pain and suffering plaintiff seeks \$10,000,000. And for bad faith and malicious intent by the Board of Supervisors and their liability firm. Whatever the court deems appropriate.

Plaintiff wants a verbal apology from the Surgeon and a written response from the hospital. Plaintiff also seeks insurance (Medical+Dental) for life. Plaintiff wants defendants to pay all court and legal fees.

I

12-16-09

(Date)

Rasheed Hilson

(Signature of Plaintiff)

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct and that this declaration is executed on: 12-16-09, at North Kern State Prison.

Rasheed Hilson Sr.
SIGN

Rasheed Hilson
Signature

List Of Rasheed HILTON (Plaintiff) Medical History From
10-21-08 TO 11-20-09

In Order By Name Of Form Exhibit

10-21-08 Los Angeles County Jail (Medication Printout) A

10-23-08 Physicians Order For Medication B

10-29-08 Healthcare Services Physician Request C

11-06-08 Supplemental to Dental Progress Notes D

11-07-08 Physicians Order For Medication E

11-10-08 Authorization for Temporary Removal for Medical F

11-21-08 Authorization for Release of Information G

Please note Plaintiff 'Out to Court' at Riverside County starting from
12-28-08 to 10-23-09. Still waiting for Medical Records from R.C.

11-01-09 Health Care Request Form H-I

11-09-09 Health Care Services Physician Request J

11-24-09 Out-Patient Care Gene Hughes, DDS K-L

Medication Prescribed Starting Dates 10-13-08 ending 11-20-09

10-23-08 to 11-20-09 Medication Reconciliation - Active Medication M-T

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and

Correct as stated exhibit(s); A,B,C,D,E,F,G,H,I,J,K,L,M,
O,P,Q,R,S,T. These exhibit(s) starting from A thru
T, are as follows; Los Angeles County Jail (Medication
Printout, ^(B) Physicians Order For Medication, ^(C) Health Care
Services Physician Request, ^(D) Supplemental to Dental Progress
Notes, ^(E) Physicians Order for Medication, ^(F) Authorization for
~~Temporary Removal for Medical~~, ^(G) Authorization for Release of
Information, ^{(H)-(I)} Health Care Request Form, ^(J) Health Care Services
Physician Request, ^(K-L) Out Patient Care; Gene Hughes, DDS, ^(M-T)
Medication Reconciliation - Active Medication, all forms true and
correct copies provided by Delano(North Kern State Prison)
Medical Records office, is executed 12-16-09 at North
Kern State Prison, sent to this Court, Central District, 312
N. Spring St. G-8, Los Angeles, California, 90012-4701, by
United States Postal Services.

Sign: Rashied Wilson Dated: 12-16-09 Signature: 

View Options Help

Exhibit A



As Of 10:44 PM

RASHEED JOEL

Age 37 years

Sex Male

Location CJIR

Known Allergies

DOB 12/29/1970

CJA07562329

Booking # 9699552

Impatient //24/2007 3:27

Preference Text Browser

Form Browser

Flowsheet

Orders

Patient Information

Clinical Notes

Task List

Care Plans

Intake and Output

KARDex

MAR

Patient Schedule

October 21, 2008 10:36PM - October 22, 2008 10:36PM [Clinical Range]

Scheduled	Medications	10/21/2008 10:44PM	10/22/2008 5:00AM	10/22/2008 4:00PM	10/22/2008 8:00PM
Unscheduled	Scheduled				
	amitriptyline (p) (AMITRIPTYLINE 50mg tablet) 300MG PRN 12/21/2008 10:58:03				50 MG
	amitriptyline				
	gabapentin (Neurontin) (GABAPENTIN 300MG CAP) 300MG PRN 12/21/2008 10:58:03			300 MG	300 MG
	gabapentin				
	Unscheduled				
	acetaminophen (Tylenol) (ACETAMINOPHEN 500MG TAB) 500MG PO TAB TID PRN For Pain Routine 10/10/08 11:53:01 90 DAYS 01/09/09 11:57:00				
	acetaminophen				
	Continuous Infusions				

COPY

Exhibit B

**NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION
TO PHARMACY AFTER EACH ORDER IS SIGNED.**

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
10-23-08	12:12	(1) de MAPE (2) Tylenol #3 DSP 16 TABS S16 1 TAB T.I.D FOR DENTAL PAIN. NA : TODAY	F. LUGO M.S. R LOPEZ, DDS
10-23-08 N/Aed 8/11 L.V.N.			
10-24-08 1415			
COPY			

ALLERGIES: SHELLFISH	INSTITUTION MSP/RC	ROOM / WING B4-130
CDC NUMBER, NAME (LAST, FIRST, MI)		

Confidential client information See W & I Code, Sections 4514 and 5328

G37110 HILSON, RASHEED
12-9-70

PHYSICIAN'S ORDERS

STATE OF CALIFORNIA

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME HILSON, RASHEED	CDC NUMBER G 37110	INSTITUTION MKSP
DATE OF BIRTH 12-09-70	EPRD DATE 2/11/12	GENDER M
PRINCIPLE DIAGNOSIS STATUS: FRACTURED MANIBULAE-MALPOSED	ICD - 9 CODE 802.2	CPT CODE(S)
REQUESTED SERVICE(S) (1) REMOVE NON-SERVICEABLE TEETH: SURGICAL RECONSTRUCTION	# OF DAYS RECOMMENDED 2-4 DAYS	

Please circle all that apply: Diagnostic Procedure/Consultation Outpatient/Inpatient Initial/Follow-up

Requested Treatment/Service is: **EMERGENT** **URGENT** **ROUTINE**For the purpose of retrospective review, if emergent or urgent, please justify: **EMERGENT**Proposed Provider: **UNIVERSITY MEDICAL CENTER** Anticipated Length of Stay: **1 WORKUP: 1-2 DAYS**Expected disposition (i.e. outpatient follow-up, return to institution, transfer): **Z. PROCEDURE**Medical Necessity (briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant): **I/M HAD FX MANIBULAE DECEMBER 2007 → LATM/C TREATED BY OPEN + CLOSED REDUCTION BUT MAINTAINED IN A MALPOSITION & POSTERIOR TEETH IN CROSS-BITE BUT OUT OF FUNCTION.**Estimated time for service delivery, recovery, rehabilitation and follow-up: **1st PHASE: 2WEEKS TO 3 MONTHS**Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): **WORK-UP: CLOSED / OPEN REDUCTION 12-07**

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME L.W. Stark DMD	APPROVED / AUTHORIZED / DENIED / DEFERRED BY 10-29-08	DATE 10-29-08
REQUESTING PHYSICIAN SIGNATURE L.W. Stark DMD	DATE	Utilization management tracking #: 08/09-21-OP 2909

DATE OF CONSULTATION 11/21/08	PRINTED NAME OF CONSULTANT MARTIN BEVANGER
FINDINGS: Please Note ↓ (Arch bars in place) NO POSSIBLE OCCLUSION SEVERE PERIODONTAL DISEASE, PARTIAL EDENTULISM.	PREVIOUS Hx of JAW FX.

RECOMMENDATIONS: **POSSIBLE JAW RECONSTRUCTION. HOWEVER,
PT NEEDS DENTAL WORK FIRST. IMPRESSIONS TAKEN
TODAY.**

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: NEEDS FULL DENTAL EXAM and TREATMENT. PLEASE SEND TO GENERAL	
CONSULTANT SIGNATURE Bevanger	DATE 11/21/08
ETA RN SIGNATURE Jill Shaffer	DATE 11/24/08
PCP SIGNATURE	DATE

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

G 37110 DENTIST.**Hilson, Rasheed****B5-135L 22****B.D. 12-09-70**

DISTRIBUTION:

- ORIGINAL - FILE IN UHR
- GREEN - TO UHR PENDING ORIGINAL
- CANARY - CONSULTANT
- PINK - UM
- SPECIALTY SCHEDULER

Exhibit D

STATE OF CALIFORNIA

SUPPLEMENTAL TO DENTAL PROGRESS NOTES

CDCR 297-C-1 (Rev. 10/08)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

Prior to each treatment, the Dentist must review the Inmate-patient's health history, note changes or specify no change, and use S.O.A.P.E. format when applicable.

DATE OF ACTION (month/day/year)	TOOTH NUMBER	PROGRESS NOTES (Include signature at the end of each data entry)	PRIORITY AFTER VISIT	PRISON LOCATION (ACRONYM)
11/06/08		As per the verbal order from Dr Lopez (D.D.S) I extended the Rx's for Tylenol #3 & Paracetamol instant breakfast until 11/11/2008 S.M. Geddes, DDS / smg/2008	IC	NKSP
11/07/08	1405L	On 11/06/08 came pain to my (①) ear for over a year now & now it's really bad - I can't stand it anymore. I want something done NOW! It is bleeding in my ear - I've never had pain like this before. Clinical intra orally - No swelling, no visible evidence of bleeding. Visual Exam of outer ① ear reveals no bleeding. Tylenol #3" No working! Dx: ① Possibly ② inner ear infection that has been chronic that has now become acute, ② Possibly related to PT's Post Hx (Jan 08) of Oral Surgery to Relieve mandibular Fr PLAN: To Request Eval by M.D. to R/o inner ear (①) infection ASAP	IC	NKSP
		S.M. Geddes, DDS / smg/2008	IC	NKSP

DRUG ALLERGIES? NO YES

Shellfish

NAME (LAST, FIRST, MI), CDCR NUMBER, AND DATE OF BIRTH

Hilson, Rasheed

C-37110

SUPPLEMENT TO DENTAL PROGRESS NOTES

DOB: 12/09/1970

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
11/07/08	1430		<p>Request:</p> <p>Evaluation of R ear to R/o inner ear infection. PT states extreme inner-ear pain & bleeding.</p> <p>Note: PT is in the process of being scheduled for Oral-Maxillo-Facial Surgery at UMC-Fresno. Please see attached CDC-7243. PT states Tylenol 3 Rx is NOT taking away his pain.</p> <p><i>S.M. Thomas S.M. Godges, DDS</i></p>

dated November 11-7-08 1430



ALLERGIES: <i>Shellfish</i>	INSTITUTION <i>NKSP</i>	ROOM / WING <i>B5-135C</i>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Confidential client information See W & I Code, Sections 4514 and 5328 </div>		CDC NUMBER, NAME (LAST, FIRST, MI) <i>Hilson, Rasheed. CDCR #: G-37110</i>
PHYSICIAN'S ORDERS		
DOB: 12/09/70		

Exhibit F

REASON FOR REQUEST/STATEMENT OF CHIEF MEDICAL OFFICER	
DESCRIPTION OF CONDITION SUGGESTING REMOVAL	

FRACTURED MANDIBLE

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED

UM	APPEALS
SP. CLINIC	CHRONO
YARD CLINIC	MED.REC.
TRANSFERS	HCCUP

SURGICAL RECONSTRUCTION
REMOVE NONRESTORABLE TEETH

NATURE AND IMMEDIACY OF SERVICE:

 MANDATORY EMERGENCY ELECTIVE

NAME OF HOSPITAL, CLINIC, OFFICE OR OTHER PLACE RECOMMENDED

UMC - 445 S. CEDAR AVE, FRESNO, CA**DATE: 11 21 08****TIME: 0900H**

WHY CAN'T THE PROCEDURE BE DONE INTRAMURALLY?

SPECIALIST AND/OR EQUIPMENT NOT AVAILABLE AT THIS INSTITUTION

PRECAUTION INSTRUCTIONS (DEFINED ON REVERSE):

 UNIVERSAL RESPIRATORY ENTERIC

ESTIMATED TIME AWAY FROM FACILITY (NOT MORE THAN 3 DAYS)

SAME DAY TREAT & RETURN

SIGNATURE OF CHIEF MEDICAL OFFICER

DR. E. FLORES*Dr. Flores / Brulean Rn*

DATE SIGNED

11 10 08**CUSTODIAL STATUS (STATEMENT OF ASSOCIATE WARDEN)**

OFFENSE	TERM	RELEASE DATE	CUSTODIAL CLASSIFICATION
			<input type="checkbox"/> MAXIMUM <input type="checkbox"/> MEDIUM <input type="checkbox"/> MINIMUM
COMMITTED FROM	DATE RECEIVED	CONDUCT DURING INCARCERATION	ESCAPE RISK
REMARKS			

SIGNATURE OF ASSOCIATE WARDEN

COPY

DATE SIGNED

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATION IS GIVEN FOR THE TEMPORARY REMOVAL OF INMATE IDENTIFIED BELOW FROM THE FACILITY IN WHICH HE/SHE IS NOW CONFINED IN ORDER THAT HE/SHE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE RECOMMENDATIONS

REQUEST:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
SPECIAL CONDITIONS			
WARDEN'S SIGNATURE	DATESIGNED	FACILITY	

NAME: **HILSON, RASHEED**
CDC: **G37110**
DOB: **12 09 70**
LOC: **B5 - 135L**
TBC 22

**REQUEST FOR AUTHORIZATION OF TEMPORARY
REMOVAL FOR MEDICAL TREATMENT**

STATE OF CALIFORNIA
AUTHORIZATION FOR RELEASE OF INFORMATION
CDCR 7385 (Rev. 04/06)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

AUTHORIZATION FOR RELEASE OF INFORMATION**YOUR INFORMATION**

DOB: 12-9-1970

Last Name: <i>Hilmi</i>	First Name: <i>Rashied</i>	Middle Name: <i>Joel</i>
Address: P.O. BOX 4444	City/State/Zip: Delano, CA 93216	CDC/YA Number: <i>G3710</i>

Person/Organization Providing the Information

[45 C.F.R. § 164.508(c)(1)(ii) & Civ. Code § 56.11(e)]

*Los Angeles Mens County***Person/Organization to Receive the Information**

[45 C.F.R. § 164.508(c)(1)(iii) & Civ. Code § 56.11(f)]

*California Department of Corrections***Description of the Information to be Released**

(Provide a detailed description of the specific information to be released.)

[45 C.F.R. § 164.508(c)(1)(i) & Civ. Code §§ 56.11(d) & (g)]

 Medical Substance Abuse HIV Mental Health Genetic Testing Communicable Diseases**Additional Information:**

All related information, including medical records, I.S.E.
Since 12-19-08

Description of Each Purpose for the Use or Release of the Information

(Provide a detailed description of the activity for which the information will be used)

[45 C.F.R. § 164.508(c)(1)(iv)]

*To keep in contact with also have for general use**Continuity of Care* COPY**Will the health plan or provider receive money for the release of this information?**

[45 C.F.R. § 164.508(a)(3)]

NO, WITH THE EXCEPTION OF COPY COSTS.

11-24-08

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

AUTHORIZATION FOR RELEASE OF INFORMATION

CDCR 7385 (Rev. 04/06)

Page 2 of 2

This authorization for release of the above information to the above-named persons/organizations will expire on: WOMTA (date) [45 C.F.R. § 164.508(c)(1)(v) & Civ. Code § 56.11(h).]

I understand:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that this authorization is voluntary. [45 C.F.R. § 164.508(c)(2)(i).]
- I have the right to revoke this authorization by sending a notice stopping this authorization to _____ at _____. The authorization will stop on the date my request is received. [45 C.F.R. § 164.508(c)(2)(i) & Civ. Code § 56.11(h).]
- I understand that I am signing this authorization voluntarily and that treatment, payment or eligibility for my benefits will not be affected if I do not sign this authorization. [45 C.F.R. § 164.508(c)(2)(ii).]
- I understand if the organization I have authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations. [45 C.F.R. § 164.508(c)(2)(ii).]
- I understand I have the right to receive a copy of this authorization. [Civ. Code § 56.11(i).]

Signature:

Rashad Wilson

CDC/YA Number:

637110

Date:

11-01-08

[45 C.F.R. § 164.508(c)(1)(vi) & Civ. Code § 56.11(c).]

Representative:

Relationship:

CDC/YA Number:

Date:

[This section is intended for a representative to sign on behalf of the individual signing above.]

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

Exhibit H

162038

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.**If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.*REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME Hilton, Rashed	CDC NUMBER G37110	HOUSING B-5/139 lower
PATIENT SIGNATURE Rashed Hilton	DATE 11-1-09	

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) *I am in extreme pain on my left side. I can barely chew with the only two teeth I can eat with. I have constant pain in my left ear. And I'm always nauseated from meds.*

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: <i>11/10/09 2100</i>	Received by: <i>J. Sheldone RN</i>
Date / Time Reviewed by RN: <i>11/12/09 0900</i>	Reviewed by: <i>J. Sheldone RN</i>
S:	Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:

A:

P: Saw Dr. Start at 11/11/09 JIAN YANG RN *1/7* See Nursing Encounter Form *11/19/09*

E:

COPY

APPOINTMENT SCHEDULED AS:	EMERGENCY <input type="checkbox"/> (IMMEDIATELY)	URGENT <input type="checkbox"/> (WITHIN 24 HOURS)	ROUTINE <input type="checkbox"/> (WITHIN 14 CALENDAR DAYS)
REFERRED TO PCP:	DATE OF APPOINTMENT:		
COMPLETED BY	NAME OF INSTITUTION		
PRINT / STAMP NAME	SIGNATURE / TITLE	DATE/TIME COMPLETED	

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.**If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.*REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME Hilson	CDC NUMBER G3711D	HOUSING B5-139 Low
PATIENT SIGNATURE Basheed Hilson	DATE 11-19-09	

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) *The Medication I'm getting keeps me clogged up and it is not helping with my pain. I need an upgrade on my Tylenol 3's. I thought I could handle it but I'm tired of the headaches and the constipation. Please put me on the doctors line A.S.A.P.*

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 11/21/09 1200	Received by: S. Hernandez
Date / Time Reviewed by RN: 11/21/09 1330	Reviewed by: S. Hernandez
S:	Pain Scale: 1 2 3 4 5 6 7 8 9 10

*Duplicated**See 155453.*

O: T: P: R: BP: WEIGHT:

A:

P: Already seen by DR. Leong @ 11/20/09. Saw DR. Austria
 See Nursing Encounter Form got OT #3 3 tabs TID 11/25/09
 Morphine 30 mg qpm
 Baclofen 10 mg TID
 Gabapentin 600 mg TID
 Carphen 2 tabs TID

E:

MOM 30ml for constipation
 Colace 2 tabs BID JIAN YANG RN 11/26/09

APPOINTMENT SCHEDULED AS:	EMERGENCY (IMMEDIATELY) <input type="checkbox"/>	URGENT (WITHIN 24 HOURS) <input type="checkbox"/>	ROUTINE (WITHIN 14 CALENDAR DAYS) <input type="checkbox"/>
------------------------------	---	--	---

REFERRED TO PCP:	DATE OF APPOINTMENT:
------------------	----------------------

COMPLETED BY	NAME OF INSTITUTION
--------------	---------------------

PRINT / STAMP NAME	SIGNATURE/ TITLE ECOPY	DATE/TIME COMPLETED 12/21
--------------------	----------------------------------	-------------------------------------

CDC 7362 (Rev. 03/04)	Original - Unit Health Record	Yellow - Inmate (if copayment applicable)	Pink - Inmate Trust Office (if copayment applicable)	Gold - Inmate
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24/25

HEALTH CARE SERVICES

PHYSICIAN REQUEST FOR SERVICES

and by requesting Physician and forwarded to Utilization Management Unit.

DEPARTMENT OF CORRECTIONS

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to Mr. Chas.

PATIENT NAME Hil-Sard #151		CDC NUMBER G 37110	INSTITUTION MKSC
DATE OF BIRTH 12-09-70	WFRD DATE	GENDER Male	
PRINCIPAL DIAGNOSIS probable abscess teeth #12, 19, 21(215)	ICD-9 CODES 453.0	CPT CODE(S) 453.0	
REQUESTED SERVICE(S) extraction & antibiotic removal # 12, 15, 19, 21		# OF DAYS RECOMMENDED	1
Please circle all that apply: Diagnostic Procedure/Consultation		Outpatient/Inpatient	Initial/Follow-up
Requested Treatment/Service is: EMERGENT		URGENT	ROUTINE
For the purpose of retrospective review, if emergent or urgent, please justify: long term ap pain - no swelling after			
Proposed Provider:		Anticipated Length of Stay: 1 day	
Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): return to MKSC			
Medical Necessity (briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant): a severe severe pain deal require teeth - non - refragable probably back to normal in 3 days			

Estimated time for service delivery, recovery, rehabilitation and follow-up:

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months):

Comments (diagrams, risk factors, recommendations): conviction of mandatory disclosure.

Comments (diagnoses, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME <i>Dr. Steven DMD</i>	APPROVED / AUTHORITY DENIED / DEFERRED BY <i>Dr. Steven DMD</i>	DATE <i>Nov-09-09</i>
REQUESTING PHYSICIAN SIGNATURE <i>Dr. Steven DMD</i>	DATE <i>Nov-09-09</i>	Utilization review number <i>OPT-210P - 113161</i>

DATES OF CONSULTATION 11-24-09 PRINTED NAME OF CONSULTANT Gene Hughes, DDS
FINDINGS: #2 mobile cl II & mesial cervical caries; non-restorable.
#21 cervical distal caries non restorable. PATIENT ELECTS TO
keep #12 and try to restore with RCT & FUG. #2 bone loss
to extraction.

RECOMMENDATIONS: Clinical aesthetics
2) Extractions surgical ~~teeth~~ 2 4 21
3) patient with crooked teeth and (2) tooth pain

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: as needed - #12 with far reversible
changes.

CONSULTANT SIGNATURE <i>John Higley</i>	DATE 11-24-09	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH G37110 Hilson Rasheed J.
ETA RN SIGNATURE	DATE	
PCP SIGNATURE	DATE	

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!

DISTRIBUTION:

ORIGINAL - FILE IN CHR
GREEN - TO 1HR PENDING ORIGINAL
CANARY - CONSULTANT
PINK - UM
GOLD - SPECIALTY SCHEDULER

PHYSICIAN REQUEST FOR SErvices (RFS)

CDC 7243 (Rev. 11/02)

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
G37110
Hilson, Rasheed J.
DOB: 12-9-70

Exhibit W

GENE HUGHES D.D.S

Oral and Maxillofacial Surgery

NAME: Hilson, RogerAGE: 39DATE: 11/24/09

Risk and benefits informed including possible injury to inferior alveolar and lingual nerves for mandibular molars and sinus complications and potential needs for additional surgeries for maxillary pre & molars.

* Past Medical History Verbal Confirmation:

* Drug Allergies: PCW / Zoloft

* Medications: _____

Local Anesthetic:

- | | | | |
|----|--|----------------|--------------------|
| 1) | <u>mg</u> of Lidocaine 2% with epinephrine 1:50:000 | <u>mg</u> Epi. | B.P.: _____ mmHg |
| 2) | <u>6.0cc</u> <u>mg</u> of Marcaine 0.5% with epinephrine 1:200.000 | <u>mg</u> Epi. | |
| 3) | <u>mg</u> of Lidocaine 2% with epinephrine 1:100.000 | <u>mg</u> Epi. | Pulse: _____ x min |
| 4) | <u>mg</u> of Carbocaine 3% plain | <u>mg</u> Epi. | See Tape: _____ |
| 5) | <u>mg</u> of Citanest 4% plain | | |

- See anesthesia tape -

L.A. only N2O/O2 SedationTooth number 2Diagnosis non-restorable decay

Buccal Hockey Stick

Vertical release ✓Lingual flap ✓Full thickness flap ✓Bone removed ✓Sectioned tooth ✓Elevated ✓Forceps ✓Suture placed gut/silk ✓Oral Sedation ✓General Anesthesia ✓

start time

9:15 AM

9:50 AM

END TIME

#35 min's
ANESTHESIA
TIME

Comments: # i & 2 * 21 non-restorable decay; pain FVL infected.
full thickness flaps reflected, & elevated with
straight + elevation, 3.0 gut closure, #12 irreversible pulpitis -
patient reacts to restore #12

Complications: noneReturn to Clinic for PO check: as needed

Post-operative instructions written and verbal

RX: 28 Pen VK 500 mg T qid6/1 Clindamycin 150/300 mg #77 qidSuture removal: noneSedation Tech.: general anesthesia

Amoxicillin 500 mg _____ tid

Erythromycin 500 mg # _____ qid

Vicodin _____ mg # _____ 1-2 q 4-6 hours prn-pain

Tylenol _____ mg # _____ 1-2 q 4-6 hours prn-pain

Ibuprofen 600/800 mg #7 1 q 6-8 hours prn-pain

Darvocet N100 # _____ 1-2 q 4-6 hours prn-pain

COPY

Medications Given in office: see general anesthesia sheet -Dr.: Gene Hughes D.D.S.

Oral and Maxillofacial Surgery

Exhibit L

**GENE HUGHES, DDS
ORAL & MAXILLOFACIAL SURGERY**

PATIENTS NAME: Rashied Wilson
MAJOR ILLNESS: Jaw

DATE: 11-24-09ALLERGIES: shellfishCURRENT MEDS: Tylenol #3, Neurontin, baclofin**ASA I****TREATMENT CHECKLIST****PRE-OP RX'S****POST OP RX'S****REFILLS/DATE**

PAIN _____
ANTIB _____
EDEMA _____

PAIN _____
ANTIB _____
EDEMA _____

PAIN _____
ANTIB _____
EDEMA _____

DOB 12-09-70**REMOVED**

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

RIGHT	A	B	C	D	E	F	G	H	I	J	LEFT
	T	S	R	Q	P	O	N	M	L	K	

REASON REFERRED: DR: NCS PHONE: _____

DATE: # 2, 21 non-rest decay; infection; pain
(Bones into foration) # 2 left mobility; (c) TMJ pain 2° crossbite
21 new pulpit; patient wishes to restore.
12-24-09 Extra
Gen Graft
2
21 surgical
COPY
(7/2) bent out

MEDICATION ADMINISTRATION RECORD ***

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Exhibit D

MEDICATION RECONCILIATION - ACTIVE MEDICATIONS AS OF 11/26/2008 11:41:10 AM

Patient (DOB): HILSON, RASHEED (12/9/1970)
CDCR#: G37110 Unit#: B5-135L

Drug Name (Generic Name)

REFILLS: PRN KOP STOP RANITIDINE 150 MG TABLET (ranitidine hcl)

SIG: TAKE 1 TABLET BY MOUTH TWICE A DAY **KOP*** KOP

Last Dispense	Expiration Date	Refills Left	Rec# - Doctor	Qty	Days
11/14/2008	11/28/2008	0	286018758-1 BENYAMIN, H	28	14

Patient (DOB): HILSON, RASHEED (12/9/1970)
CDCR#: G37110 Unit#: B5-135L

Drug Name (Generic Name)

REFILLS: PRN KOP SIG: TAKE 1 TABLET BY MOUTH 3 TIMES A DAY FOR DENTAL PAIN BEGIN TODAY CRUSH AND FLOAT **DOT**

REFILLS: PRN KOP SIG: TAKE 1 TABLET BY MOUTH EVERY MORNING & TAKE 1 TABLET AT NOON & TAKE 2 TABLETS BY MOUTH EVERY EVENING AS NEEDED FOR LEFT EAR PAIN (CRUSH & FLOAT) PINK SHEET **DOT**

REFILLS: PRN KOP SIG: TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR DENTAL PAIN-CRUSH/FLOAT/PINKSHEET**DOT**

REFILLS: PRN KOP SIG: TAKE 1 TABLET BY MOUTH EVERY MORNING & TAKE 1 TABLET BY MOUTH AT NOON & TAKE 2 TABLETS BY MOUTH EVERY EVENING AS NEEDED FOR LEFT TEAR PAIN (CRUSH & FLOAT) PINK SHEET**DOT**

REFILLS: PRN KOP SIG: TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR DENTAL PAIN-CRUSH/FLOAT/PINKSHEET **DOT**

↑ ONLY CHANGE OR PROCESS CHECKED PRESCRIPTIONS

NORTH KERN STATE PRISON					
Last Dispense	Expiration Date	Refills Left	Rec# - Doctor	Qty	Days
D/A 10/23/2008	*10/29/2008	0	285000168-1 LOPEZ (DDS NKSP), FEDERICO	16	5

Last Dispense	Expiration Date	Refills Left	Rec# - Doctor	Qty	Days
D/A 11/21/2008	*11/26/2008	0	285000341-2 LIBERSTEIN, A	28	7

Last Dispense	Expiration Date	Refills Left	Rec# - Doctor	Qty	Days
D/A 11/7/2008	*11/10/2008	1	285000296-1 TUR-NAVARRO, M	9	3

Last Dispense	Expiration Date	Refills Left	Rec# - Doctor	Qty	Days
D/A 11/7/2008	*11/14/2008	0	285000297-1 AUSTRIA, ALEX	28	7

Last Dispense	Expiration Date	Refills Left	Rec# - Doctor	Qty	Days
D/A 11/6/2008	*11/7/2008	0	285000285-1 GODES, S M	15	5

NEW PRESCRIPTION:
 Substitution Permitted
 Signature

Allergies: Shellfish

SUBSTITUTION PERMITTED
 Signature

DATE

PROV#

DISPENSE AS WRITTEN
 Signature

DEA# REQUIRED FOR
 CONTROLLED SUBSTANCES

Exhibit P

MEDICATION RECONCILIATION - INACTIVE MEDICATIONS AS OF 11/26/2008 11:41:10 AM

Patient (DOB): HILSON, RASHEED (12/9/1970)
CDCR#: G37110 Unit#: B5-135L

Drug Name (Generic Name)

Last Dispense

Expiration Date

Refills Left

Rx # - Doctor

Qty

Days

<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	ACETAMINOPHEN-COD #3 TABLET UD (acetaminophen with codeine phosphate)	D/A 11/4/2008	*11/7/2008	0	285008580-1	LEONG,
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	ALBUTEROL 90 MCG INHALER (albuterol)	D/A 10/22/2008	*11/2/2008	1	286008580-1	17
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	SIG: INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS AS NEEDED FOR WHEEZING **KOP** ** KOP	D/A 11/6/2008	*11/11/2008	0	2860115687-1	3,600
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	*NF* CARNATION INSTANT BREAKFAST (nutritional supplement)	D/A 10/28/2008	*11/7/2008	0	2860115688-1	250
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	SIG: DRINK 1 CAN 3 TIMES A DAY STOCK-ITEM TODAY **NA** ** MAR ONLY	D/A 11/21/2008	*12/21/2008	0	LIBERSTEIN, A	30
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	GABAPENTIN 300 MG CAPSULE UD (gabapentin)	D/A 10/23/2008	*11/21/2008	1	286008635-1	60
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	SIG: TAKE 1 CAPSULE BY MOUTH TWICE A DAY **NA** ** NA	D/A 11/21/2008	*12/21/2008	0	286022247-1	30
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	GABAPENTIN 300 MG CAPSULE UD (gabapentin)	D/A 10/23/2008	*11/21/2008	1	286008635-1	60
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	SIG: TAKE 1 CAPSULE BY MOUTH TWICE A DAY **NA** ** NA	D/A 10/23/2008	*11/21/2008	1	286008635-1	30
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	MAPAP 325 MG TABLET (acetaminophen)	D/A 10/23/2008	*11/22/2008	1.5	286008634-1	15
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	SIG: TAKE 2 TABLETS BY MOUTH 3 TIMES A DAY AS NEEDED FOR PAIN **KOP** ** KOP	D/A 11/7/2008	*11/14/2008	0	286016345-1	7
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	NEOMYCIN-POLYMYXIN-HC EAR SUSP (neomycin sulfate/polymyxin b	D/A 11/7/2008	*11/14/2008	0	AUSTRIA, ALEX	10
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	SIG: INSTILL 3 DROPS INTO LEFT EAR 3 TIMES A DAY FOR 7 DAYS **KOP** ** KOP	D/A 11/7/2008	*11/14/2008	0		7

↑ ONLY CHANGE OR PROCESS CHECKED PRESCRIPTIONS

COPIED

NEW PRESCRIPTION:

Allergies: Shelfish

SUBSTITUTION PERMITTED
SIGNATURE

DATE
PROV#

DISPENSE AS WRITTEN
SIGNATURE

DEA# REQUIRED FOR
CONTROLLED SUBSTANCES

Pl2 review Exhibit Q
MEDICATION RECONCILIATION - INACTIVE MEDICATIONS AS OF 12/13/2008 10:13:57 AM

Patient (DOB): HILSON, RASHEED (12/9/1970)
CDCR#: G37110 Unit#: AC4-143L

Drug Name (Generic Name)

Last Dispense

Expiration Date

Refills Left

Re # - Doctor

Qty

Days

<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	ACETAMINOPHEN-COD #3 TABLET UD (acetaminophen with codeine phosphate)	D/A 12/3/2008	*12/10/2008	0	285000539-1	AUSTRIA-MD, A.	1	1
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	SIG: TAKE 1 TABLET BY MOUTH 1ST DOSE GIVEN CRUSH AND FLOAT **DOT** PROFILE ONLY							
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	ACETAMINOPHEN-COD #3 TABLET UD (acetaminophen with codeine phosphate)	D/A 11/26/2008	*12/10/2008	0	285000465-1	LIBERSTEIN-MD, A.	56	8
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	SIG: TAKE 1 TABLET BY MOUTH EVERY MORNING AND 2 TABLETS EVERY NIGHT AT BEDTIME AS NEEDED LOWER LIP PAIN CRUSH AND FLOAT PINK-SHEET **NA** N/A	D/A 12/3/2008	*12/10/2008	0	285000465-1	LIBERSTEIN-MD, A.	56	8
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	ACETAMINOPHEN-COD #3 TABLET UD (acetaminophen with codeine phosphate)	D/A 11/26/2008	*12/10/2008	0	285000341-2	LIBERSTEIN-MD, A.	28	7
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	SIG: TAKE 1 TABLET BY MOUTH EVERY MORNING & TAKE 1 TABLET BY MOUTH AT NOON & TAKE 2 TABLETS BY MOUTH EVERY EVENING AS NEEDED FOR LEFT EAR PAIN (CRUSH & FLOAT) PINK SHEET **DOT**	D/A 11/21/2008	*12/10/2008	0	285000297-1	AUSTRIA-MD, A.	28	7
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	ACETAMINOPHEN-COD #3 TABLET UD (acetaminophen with codeine phosphate)	D/A 11/22/2008	*11/14/2008	0	2850008580-1	GINES, D	17	30
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	SIG: INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS AS NEEDED FOR WHEEZING **KOP** KOP	D/A 10/22/2008	*11/12/2008	1	286015687-1	GODESS-DDS, S.	5	5
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	*NF* CARNATION INSTANT BREAKFAST (nutritional supplement)	D/A 11/6/2008	*12/3/2008	0	286015687-1	GODESS-DDS, S.	5	5
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	SIG: DRINK 1 CAN 3TIMES A DAY X5DAYS-STOCK ** MAR ONLY							
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	CEFTRIAXONE 1 GM VIAL (ceftriaxone sodium)	D/A 11/26/2008	*11/27/2008	0	286023856-1	AUSTRIA-MD, A.	1	1
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	SIG: 1GM IM X 1 DOSE-GIVEN ** PROFILE ONLY							
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	GABAPENTIN 300 MG CAPSULE UD (gabapentin)	D/A 11/21/2008	12/21/2008	0	286022247-1	LIBERSTEIN-MD, A.	60	30
<input type="checkbox"/> REFILLS:	PRN	<input type="checkbox"/> KOP	SIG: TAKE 1 CAPSULE BY MOUTH TWICE A DAY **NA** N/A	D/A 10/23/2008	*11/12/2008	1	286008835-1	GINES, D	60	30
ONLY CHANGE OR PROCESS CHECKED PRESCRIPTIONS										
COPIED										
SUBSTITUTION PERMITTED	DATE	PROV#	DISPENSE AS WRITTEN	SIGNATURE	DEA# REQUIRED FOR CONTROLLED SUBSTANCES					

NEW PRESCRIPTION:
Allergies: Shellfish

does this need to be refilled constantly? It was initially ordered for dental - co's state he appears to have yr problem extinguehd by not on w/ing!

Exhibit R

MEDICATION RECONCILIATION - ACTIVE MEDICATIONS AS OF 11/4/2009 6:24:19 PM

Patient (DOB): HILSON, RASHEED (12/9/1970)

CDCR#: G37110 Unit#: B5-139L

NORTH KERN STATE PRISON

Page 1 of 1

		Drug Name (Generic Name)	Start Date	Last Dispense	Expiration Date	Rx # - Doctor	Refills Left	Qty	Days
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP <input type="checkbox"/> STOP	ACETAMINOPHEN-COD #3 TABLET UD (acetaminophen with codeine phosphate)	10/23/2009	10/23/2009	11/22/2009	285004989-1	0	120	30
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP <input type="checkbox"/> STOP	SIG: TAKE 2 TABLETS BY MOUTH TWICE A DAY CRUSH AND FLOAT **DOT** FLOORSTOCK ** MAR ONLY				LEONG-MD, A.			
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP <input type="checkbox"/> STOP	BACLOFEN 10 MG TABLET UD (baclofen)	10/23/2009	10/23/2009	11/22/2009	286166027-1	0	90	30
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP <input type="checkbox"/> STOP	SIG: TAKE 1 TABLET BY MOUTH 3 TIMES A DAY **DOT** ** DOT				LEONG-MD, A.			
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP <input type="checkbox"/> STOP	GABAPENTIN 600 MG TABLET UD (gabapentin)	10/23/2009	10/23/2009	11/22/2009	286166031-1	0	90	30
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP <input type="checkbox"/> STOP	SIG: TAKE 1 TABLET BY MOUTH 3 TIMES A DAY **DOT** ** DOT				LEONG-MD, A.			
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP <input type="checkbox"/> STOP	*NF* TRAMADOL HCL 50 MG TABLET UD (tramadol hcl)	10/23/2009	10/23/2009	11/22/2009	286166025-1	0	60	30
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP <input type="checkbox"/> STOP	SIG: TAKE 1 TABLET BY MOUTH TWICE A DAY CRUSH AND FLOAT **DOT** FLOORSTOCK ** MAR ONLY				LEONG-MD, A.			

ONLY CHANGE OR PROCESS CHECKED PRESCRIPTIONS

COPY

NEW PRESCRIPTION:

Allergies: Shellfish

SUBSTITUTION PERMITTED	DATE	PROV#	DISPENSE AS WRITTEN	SIGNATURE
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DEA# REQUIRED FOR CONTROLLED SUBSTANCES
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MEDICATION RECONCILIATION

*** SEND TO PHARMACY ONCE COMPLETE ***

Exhibit S

MEDICATION ADMINISTRATION RECORD ***

NAME OF RN/LVN/LPT	INITIAL						

ORAMORPH SR 15 MG TABLET UD (66479-9540-26) morphine sulfate**TAKE 1 TABLET BY MOUTH EVERY EVENING FLOORSTOCK "DOT" - TTA**Fill Date: 11/20/2009 Orig Fill Date: 11/20/2009
Days Supply: 20 Expire Date: 12/10/2009Rx#617729-1
Doctor: A. LEONG-MD

'*** TREATMENT *** CARNATION INSTANT BREAKFAST (0006-052-93)

.. KOP *** DOK 100 MG CAPSULE (00094-7899-80)

*** KOP *** MILK OF MAGNESIA SUSPENSION (00094-0788-16)

DRINK 2 CANS BY MOUTH 3 TIMES A DAY FLOORSTOCK "NA"

TAKE 2 CAPSULES BY MOUTH TWICE A DAY "KOP"

TAKE 30ML BY MOUTH EVERY OTHER DAY AS NEEDED FOR

CONSTIPATION FOR 14 DAYS "KOP"

Fill Date: 11/19/2009 Expire Date: 12/19/2009 Rx#6177348-1

Fill Date: 11/19/2009 Expire Date: 2/17/2010 Rx#617723-1

Fill Date: 11/19/2009 Expire Date: 12/23/2009 Rx#6177280-1

COPY

Name: **HILSON, RASHEED**

DOB: 12/9/1970

Allergies: **Shellfish**Building: **NKSP-B5**CDCR # **G37110**Housing **B5-139L**Additional Pages In Use
Yes No



January 26, 2009

Rasheed Hilson Sr.
G37110 NKSP/A4-143L
P. O. Box 5000
Delano, CA 93216

Claimant(s)	:	Rasheed Hilson Sr.
Claim Filed	:	12/22/2008 (for medical malpractice)
Sedgwick CMS File No.	:	9556-9567 County File No.: 08-1065828
PL Claims Specialist	:	Craig McDonough

Dear Mr. Hilson:

We are liability claims administrators for the County of Los Angeles. The above-referenced claim that you filed with the Board of Supervisors has been referred to us for handling.

Please be advised that the claim you presented to the Los Angeles County Board of Supervisors is being denied because it was not presented within the 6-month period provided by law. See sections 901 and 911.2 of the Government Code. Because the claim was not presented within the time allowed by law, no action was taken on the claim.

WARNING

Government Code section 911.3 provides that when a claim is denied because it was not presented within the time allowed by law, notice to the claimant shall so state and further give notice in substantially the following form:

"Your only recourse at this time is to apply without delay to the Los Angeles County Board of Supervisors for leave to present a late claim. See sections 911.4 to 912.2, inclusive, and section 946.6 of the Government Code. Under some circumstances, leave to present a late claim will be granted. See section 911.6 of the Government Code.

"You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately."

If you dispute the County's conclusion that your claim was untimely, the following warning may be applicable:

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code section 945.6.

Questions with respect to this claim should be directed to the assigned PL Claims Specialist, noted above, at Sedgwick CMS, P.O. Box 15398, Long Beach, California 90815

IN THE SUPERIOR COURT FOR THE COUNTY OF LOS ANGELES
STATE OF CALIFORNIA

THE PEOPLE OF THE STATE OF CALIFORNIA,)
Plaintiff,)
vs.)
Rasheed Joel Hilson)
Defendant.)

NO. SA 064844

COURT ORDER FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

APR 28 2009

John A. Clarke, Executive Officer/Clerk
By Sharon Thomas, Deputy

TO THE PARTIES AND THEIR ATTORNEYS OF RECORD:

Good cause appearing the Court enters the following orders:

- 1.) The Defendant's Petition to Continue Without Claims Requirement - Govt Code 945.4 shall be returned to defendant for filing in the proper Court and in compliance with the service requirements of C.C.P. section 1005. The claim can only be filed in the civil courthouse located at 111 N. Hill St., Los Angeles, CA 90012 and must be accompanied by a proof of service on the public entities against whom the defendant seeks to proceed as required by C.C.P. section 1005.

Dated: April 28, 2009

J. H. Horn
Judge, Los Angeles Superior Court



H. CHESTER HORN, JR.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Rasheed Wilson Sr. P.O. Box 4999 Delano, CA 93216		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF/PETITIONER: Rasheed Wilson Sr.		
DEFENDANT/RESPONDENT: USC Medical Center & U. County Sheriff		
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS		

CASE NUMBER:

1. The application was filed on (date): 12-11-09 A previous order was issued on (date):
2. The application was filed by (name): Rasheed Wilson Sr.
3. IT IS ORDERED that the application is granted in whole in part (complete item 4 below).
 - a. No payments. Payment of all the fees and costs listed in California Rules of Court, rules 3.61, is waived.
 - b. The applicant shall pay all the fees and costs listed in California Rules of Court, rules 3.61, EXCEPT the following:

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1 (c))
(4) <input type="checkbox"/> Transmittal of papers.	(9) <input type="checkbox"/> Other (specify code section):
(5) <input type="checkbox"/> Court-appointed interpreter.	

Reporter's fees are per them pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
- c. Method of payment. The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
 - (1) Pay (specify): percent. (2) Pay: \$ per month or more until the balance is paid.
 - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
- e. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
- f. All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.
4. IT IS ORDERED that the application is denied in whole in part for the following reasons (see Cal. Rules of Court, rules 3.50–3.63):
 - a. Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
 - b. Other (Complete line 4b on page 2).
 - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. IT IS ORDERED that a hearing be held.
 - a. The substantial evidentiary conflict to be resolved by the hearing is (specify):
 - b. The applicant should appear in this court at the following hearing to help resolve the conflict:

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------

- c. The address of the court is (specify):
 Same as above
- d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date:

Clerk, by _____, Deputy

JUDICIAL OFFICER

(Clerk may GRANT in full a nondiscretionary fee waiver, see Cal. Rules of Court, rules 3.56.)

Page 1 of 2

Form Adopted for Mandatory Use
Judicial Council of California
FW-003 [Rev. January 1, 2007]

**ORDER ON APPLICATION FOR WAIVER OF
COURT FEES AND COSTS (Fee Waiver)**

Government Code, § 68511.3;
Cal. Rules of Court, rules 3.50–3.63

FW-003

PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b Application is denied in whole or in part (*specify reasons*):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at
 (place): , California,
 on (date):

Clerk, by _____, Deputy

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by _____, Deputy

TO: Clerk of US Central District

P.S. Need 'IN Formis Pauperis' also rules of court. Lastly a 'Toll' form.

Dear Clerk,

My Name is Rasheed Wilson... Hi, I'm writing you because I am diligently trying to put forth a viable claim, however, I'm at a loss when it comes to the intricacies of doing so.

One of my main problems is the fact that none of my grievances were answered. I filed a tort claim which was denied base on

me not fulfilling the process under Court Code 946A. Along with this letter is a copy of one of the denial letters and an informative Court Order from Judge H. Chester Horn, Jr.

Please note that I filed the appropriate petition with the appropriate courthouse. However, also note that I've been like a bouncing ball since I left L.A. County Jail on 10-22-08, plaintiff was sent to North Kern State Prison (Delano). On 12-28-08, plaintiff was sent to River Side County Jail. While there I filed the petition around June, or maybe even the end of May. I never received a response. In the body of plaintiff's petition, plaintiff noted that his grievances were never answered. Plaintiff also sent the carbon copy of these grievances along with plaintiff's petition.

I was sent back to Delano, on 10-23-09. I've written to the court expressing my dilemma, however, just two minutes ago I was told that I will be sent back to L.A. County Jail for court again (12-14-09).

As you can see it is hard for me to be at one place long enough to receive my legal mail.

My question is this, do I still need to file a writ of habeas corpus along with this. (not in the same court). Once I receive the case number I plan on sending it to you as noted in the body of my claim, OR should I ask the civil courthouse for

a copy of the grievances. The grievances at L.A. County are in triplicate. So once you fill one out you keep your copy to prove you filed one, even if they didn't answer you have the proof. Or sense nothings been done to my teeth should I file one when I get there and send you the response?

Please advise because I'm being stonewalled at every turn.

Also I have not been able to retrieve a legit copy of an 'In Forma Pauperis' from the law library here at Delano or anywhere I've been. I've written requesting to have one sent, but no answer to any of my request. Can you send me three copies (for safe keeping) so I've written my own Motion for In Forma Pauperis. I hope it is sufficient enough to proceed.

My actual deadline is the end of January begining of February when the doctor actually knew of the mistake. However, I knew the day it was done, but nobody would listen to me. But because I knew, I'm not sure if my time starts there or not. Please advise,

Because I'm suing L.A. County Jail, along with USC Medical Center, I have fear of reprisal while there. I still have not been able to retrieve a copy of my medical records from both places so the names of defendants are unknown. Can the court order for me my medical records? (From both places) Please advise.

Also can you send me a copy of your rules of court and a 'Toll' form if applicable.

If you can spare two self addressed stamped envelopes (Manila) because I am indigent it

-over-

will be abundantly appreciated.

Please note that I was not able to make a copy of my claim, Exhibits, or anything else. If by chance you can make a copy of my claim + exhibits, it will be appreciated. And if for any reason you are not able to process my claim please state your reasons and return with a stamped Manile envelope, I will fix and return to you promptly.

I hope my long windedness doesn't prevent us from forging a good working relationship with one another. Your time and attention to this matter is very much appreciated.

Hope to hear from you soon. It seems like you can reach me at L.A. County Jail. I'm going to try mailing this here because it's free for the indigent.

Thanks Again.

Sincerely,

Rasheed Kibson